

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
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| TOTAL IND. | 16 | | ← | | ← | | ← | | ← | | ← | |
| TOTAL DEP. | 136 | | ← | | ← | | ← | | ← | | ← | |
| TOTAL CLAIMS | 152 | | | | | | | | | | | |